

To: Commissioner of Patents

From: John Tedrick

Subject: Petition to make special my  
Application for: Wrench, adjustable  
with locking pin.

In accordance with Patent  
Office procedures I believe my  
application should be made special  
because of my age. I was  
80 years old on my last birthday.  
Please see attached birth  
certificate.

Mar. 2, 04 John Tedrick

John Tedrick

4937 S. 86 E Ave

Tulsa, Okla. 74145

BUREAU OF VITAL STATISTICS  
OKLAHOMA CITY, OKLAHOMA

Place of Birth

No. State University Hosp.

Registered No. 22162 176

FULL NAME OF CHILD

John Tednich

St. 800 E. 13. St

Ward

Sex of Child

Male

Twin, Triplet or Others

Number in order of birth

(To be answered only in event of plural birth)

Legitimate

yes

Date of birth

(If child is not yet named, make supplemental report as directed)

(Month)

(Day)

(Year)

FATHER

320

Full Name

Samuel Tednich

Residence

3139 W. 16 St.

Color

White

Age at last Birthday

(Years)

Birthplace

Mo

Occupation

Number of children born to this mother, including present birth

2

MOTHER

Full Maiden Name

Catherine Miller

Residence

3139 W. 16 St.

Color

White

Age at last Birthday

(Years)

Birthplace

Mo

Occupation

Housewife

Number of children of this mother now living

2

Did you use a one or two per cent silver nitrate solution in this infant's eyes immediately after its birth? Yes 1/2 No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:59 A. M. on the date stated above.

When there was no attending physician or midwife then the father, headholder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

GIVE NAME AND ADDRESS OF SUPPLEMENTAL REPORT

(Signature)

[Signature]

(Physician or Midwife)

Address

Oklahoma City

Filed

Oct - 3 - 1923 Mrs. Fern Heim

REGISTRAR

REGISTRAR



State Department of Health

COMMISSIONER OF HEALTH

R. Le Roy Carpenter, M.D.

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73105

CERTIFIED COPY MUST

HAVE RAISED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

[Signature]  
STATE REGISTRAR

AUGUST 27 1923

243 - a

COPY

AFFIDAVIT FOR CORRECTION OF BIRTH RECORD:

STATE OF Oklahoma  
COUNTY OF Oklahoma

1013  
176

ON THIS 15 DAY OF Aug 1944 BEFORE ME, A NOTARY PUBLIC IN AND  
FOR THE COUNTY OF Oklahoma APPEARED Sam Dykeman  
WHO UPON HER OR HIS OATH STATES THAT THE FOLLOWING CORRECTION SHOULD BE MADE  
ON THE BIRTH RECORD OF John Tedrick  
BORN Sept 23 1923 AT Oklahoma City OKLAHOMA.

LIST CORRECTIONS ON LINES BELOW  
USE BLACK INK OR TYPEWRITER

SHOULD READ:

Child's Name	<u>John Tedrick</u>
Father's Name	<u>Daniel Tedrick</u>

SUBSCRIBED AND SWORN TO ME THIS 15  
DAY OF Aug A.D. 1944

Fannie Grether  
NOTARY PUBLIC

MY COMMISSION EXPIRES 3-9-47

Sam Dykeman  
SIGNATURE OF AFFIANT

1837 NE 26th Oklahoma City  
PRESENT ADDRESS

FILED 8-15-44

STATE REGISTRAR J. A. Wagoner



State Department of Health

COMMISSIONER OF HEALTH  
R. Le Roy Carpenter, M.D.

State of Oklahoma  
OKLAHOMA CITY, OKLAHOMA 73105

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AUGUST 27 1944

STATE REGISTRAR